

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket No.</b>	<b>4148P2673</b>
		<b>First Inventor</b>	<b>FORD, MICHAEL B.</b>
		<b>Title</b>	<b>SHOCK ABSORBING AND SHOCK FORCE GENERATING APPARATUS</b>
		<b>Express Mail Label No.</b>	<b>AND METHOD FOR AN OIL PUMP EV 331263084 US</b>

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450																		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>15</u>] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u>]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Sheets <u>16</u>]       <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>																				
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Reader Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p>																				
<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <table border="0"> <tr> <td>9. <input type="checkbox"/></td> <td>Assignment Papers (cover sheet &amp; document(s))</td> </tr> <tr> <td>10. <input type="checkbox"/></td> <td>37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></td> </tr> <tr> <td>11. <input type="checkbox"/></td> <td>English Translation Document <i>(if applicable)</i></td> </tr> <tr> <td>12. <input type="checkbox"/></td> <td>Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/></td> <td>Preliminary Amendment</td> </tr> <tr> <td>14. <input checked="" type="checkbox"/></td> <td>Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td>15. <input type="checkbox"/></td> <td>Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> </tr> <tr> <td>16. <input type="checkbox"/></td> <td>Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</td> </tr> <tr> <td>17. <input type="checkbox"/></td> <td>Other: .....</td> </tr> </table>			9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	11. <input type="checkbox"/>	English Translation Document <i>(if applicable)</i>	12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/>	Preliminary Amendment	14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	15. <input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	17. <input type="checkbox"/>	Other: .....
9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))																			
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>																			
11. <input type="checkbox"/>	English Translation Document <i>(if applicable)</i>																			
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations																			
13. <input type="checkbox"/>	Preliminary Amendment																			
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>																			
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>																			
16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.																			
17. <input type="checkbox"/>	Other: .....																			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: .....

Prior application information:    Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_  
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	23504	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Jeffrey Weiss	Registration No. (Attorney/Agent)	45,207
Signature	<i>Jeffrey Weiss</i>		Date July 30, 2003

This collection of information is required by 37 CFR 1.52(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1971 U.S. PTO  
07/30/03

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\\$) 375
-------------------------	-----------

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	FORD, MICHAEL B.
Examiner Name	
Group Art Unit	
Attorney Docket No.	4148P2673

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  
Deposit Account Number **23-0830**  
Deposit Account Name **WEISS, MOY & HARRIS, PC.**  
  
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27
2.  Payment Enclosed:  
 Check    Credit card    Money Order    Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 375	Utility filing fee	<b>375</b>
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>			<b>375</b>

### 2. EXTRA CLAIM FEES

Total Claims	17	-20** =	-0-	X	9	=	-0-	Fee from below	Fee Paid
Independent Claims	3	-3** =	-0-	X	42	=	-0-		
Multiple Dependent									

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)** **-0-**

## SUBMITTED BY

Name (Print/Type)	Jeffrey Weiss	Registration No. (Attorney/Agent)	45,207	Telephone	(480) 994-8888
Signature	<i>Jeffrey Weiss</i>				
Date	July 30, 2003				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

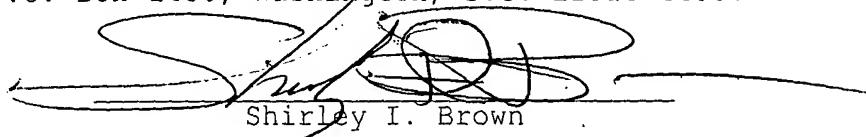
EXPRESS MAIL

Mailing Label No.

EV331263084US

Date July 30, 2003

I hereby certify that this "EXPRESS MAIL" package is being deposited with the United States Postal Service "EXPRESS MAIL" to provide service under 37 CFR 1.10 on the date indicated above to the following address: Commissioner For Patents, P.O. Box 1450, Washington, D.C. 22313-1450.



Shirley I. Brown

---

APPLICANT: FORD, MICHAEL B.

APPLICATION TITLE: SHOCK ABSORBING AND SHOCK FORCE  
GENERATING APPARATUS AND METHOD  
U.S. SERIAL NUMBER: FOR AN OIL PUMP

FILING DATE: July 30, 2003

TYPE OF INFORMATION ENCLOSED

- [X] CHECK NUMBER 10239 FOR \$ 375.00
- [X] DRAWINGS (1 Sheet(s) Enclosed)
- [X] NEW PATENT APPLICATION
- [ ] PCT PATENT APPLICATION
- [ ] OTHER: \_\_\_\_\_
- 
-